

# CERTIFICATE OF ASSUMED BUSINESS NAME

For persons (sole proprietorships, associations, or general partnerships) and corporations (including LLC's and LLP's) engaged in business under a name other than their own - Doing Business As (DBA)

STATE OF INDIANA, COUNTY OF MARION

NAME OF ENTITY: \_\_\_\_\_

DOING BUSINESS AS: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_

(Must be street address)

PRINTED NAMES & RESIDENCES OF MEMBERS OF BUSINESS (if applicable):

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PUBLIC:

I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. (IC 36-2-11-15) FORM PREPARED BY:

\_\_\_\_\_  
(Signed & printed; or stamped name of individual & title)

STATE OF INDIANA, COUNTY OF \_\_\_\_\_

Before me, the undersigned, a Notary Public, in and for said County and State, this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_, personally appeared

\_\_\_\_\_  
said person being over the age of 18 years, and acknowledged the execution of the foregoing instrument.

\_\_\_\_\_  
Notary Public Signature

Printed Name: \_\_\_\_\_

My commission expires: \_\_\_\_\_